

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

19

Date qualified as committee

☒ Amendment

List I.D. number

1319020

Date qualified as committee
(if applicable)

☐ Termination - See Part 5

List I.D. number

#

Date of Termination

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JUN 24 2011

DEBRA BOWEN
Secretary of State

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Numark for Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance

CA

90503

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Kinde Durkee

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank

CA

91502

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

ADDITIONAL ADDRESS

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance

CA

90503

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 6.21.11

DATE

By Kinde Durkee

Executed on 6.17.11

DATE

By Cliff Numark

Executed on

DATE

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Numark for Council 2014

1319020

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Cliff Numark	Torrance City Council	2014	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
First California Bank	310-282-6733	
ADDRESS	CITY	STATE ZIP CODE
1880 Century Park East	Los Angeles	CA 90069

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>